

**Application for granting financial Assistance to Family of deceased lawyers.**

1. Name of the Member :
2. Name, Address & Telephone Number of the Applicant :
3. Age and Date of Birth of the Member :
4. Enrolment No.& Date of Enrolment :
5. Details of Practice :
6. Place of Practice :
7. Completed years of practice (Excluding the period of Suspension, Removal & Cessation of Practice) :
8. Date of Death/ Retirement :
9. Relationship of the applicant with the deceased lawyer :
10. Details of Membership of Family of deceased lawyer :

Place :

Signature of the applicant

Date :